

Student Name \_\_\_\_\_

### U.S. Department of Education Race and Ethnicity Data Standards

**INSTRUCTIONS:** This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

**Part A. Is this student Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one.

No, not Hispanic/Latino

Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

**Part B. What is the student's race? Choose one or more.**

**American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

**Black or African American** (A person having origins in any of the black racial groups of Africa.)

**Native Hawaiian or Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

**White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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### Home Language Survey

The state requires the District to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency. Please answer the questions below and return this survey to your child's school.

Student Name \_\_\_\_\_

1. Is a language other than English spoken in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

What language? \_\_\_\_\_

2. Does your child speak a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

What language? \_\_\_\_\_

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date